

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 133

County Registrar No. 547

Local Registrar No. _____

No. Miami-Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Glenns Elizabeth Mitchell { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth March 5 1916 Month Day Year

8. FATHER
Full name Alvin Steven Mitchell

14. MOTHER
Full maiden name Winona Larissa Luthy

9. Residence (Usual place of abode) Claypool Arizona
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 44 (Years)

16. Color or race White 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) _____
(State or country) Kentucky

18. Birthplace (city or place) _____
(State or country) Missouri

13. Occupation Pipefitter
Nature of Industry Copper mine

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:30 p m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller
(Physician or midwife)

Address Miami Arizona

Given name added from a supplemental report _____ Filed March 14 1916 _____
Month, day, year _____ Local Registrar.

Registral _____ Filed _____ County Registrar.

743-305-636